


<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 0425-1214PUS1		
Application No. 10/549,321-Conf. #8222	Filing Date September 16, 2005	Examiner P. G. Spivack	Art Unit 1614		
Applicant(s): Tatsuo HORIZOE					
Invention: CONCOMITANT DRUG AS THERAPEUTIC AGENT FOR INFLAMMATORY BOWEL DISEASE					
<p>MS Amendment  Commissioner for Patents  P.O. Box 1450  Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.</p>					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 29 =	0	x 50.00	0.00
Independent Claims	4	- 4 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card: Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 #48,501				Dated: <u>APR 30 2008</u>	
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